

# TOWN OF DANDRIDGE

131 E. Main Street  
P.O. Box 249  
Dandridge, TN 37725  
865-397-7420

## APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY. PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED. **ALL JOB APPLICATIONS AND ACCOMPANYING MATERIALS ARE A MATTER OF PUBLIC RECORD BY STATE LAW.**

(PLEASE PRINT)

DATE \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_

Phone No. (home) \_\_\_\_\_ (other) \_\_\_\_\_

Have you ever been employed by the City? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list dates of employment and the department you worked for:

\_\_\_\_\_  
\_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you are available for work: \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift \_\_\_\_\_ Temporary \_\_\_\_\_

Are you on layoff subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

List other names (alias) you are known by: \_\_\_\_\_

Veteran of the U.S. Military service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

If you are employed, why do you want to change jobs? \_\_\_\_\_

.....  
Give three references who are NOT related to you and are NOT previous employers:

**NAME**

**ADDRESS**

**TELEPHONE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY\*Background Check:  $\Delta$  Yes  $\Delta$  No Approved \_\_\_\_\_ Date: \_\_\_\_\_

DANDRIDGE IS AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION:** List School Name & City/State  
Years Completed  
Diploma/Degree

<b>Elementary</b>	<b>Years Completed</b>		
<b>High School</b>	<b>Years Completed</b>	<b>Diploma</b>	
<b>College</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>	<b>Course of Study</b>
<b>Graduate</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>	<b>Course of Study</b>

Other training/certification received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORD**

Will your present/past employment record(s) show that you attended regularly and performed a reasonable days work? Yes \_\_\_\_\_ No \_\_\_\_\_

List all present and past employment information. If you have never been employed please state so. You may use additional paper if necessary.

May your current employer be contacted regarding your work performance and history?
Yes _____ No _____

.....  
Employer/Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Employer/Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Employer/Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Title of Position: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* DRIVER APPLICANTS ONLY \*\***

List any other employers you worked for in the last 10 years: \_\_\_\_\_

\_\_\_\_\_

List states in which you held a Commercial Drivers License (CDL) in the last 3 years: \_\_\_\_\_

\_\_\_\_\_

I certify that I (have) (have not) taken a certified motor carrier driving test within the last 3 years. If taken, list date(s) \_\_\_\_\_ company(s) \_\_\_\_\_  
date(s) \_\_\_\_\_ company(s) \_\_\_\_\_

I further certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have knowingly been convicted of or forfeited bond or collateral during the last 12 months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ever convicted of reckless driving? \_\_\_\_\_ How many times? \_\_\_\_\_

Ever convicted of speeding? \_\_\_\_\_ How many times? \_\_\_\_\_ If yes, where were you working? \_\_\_\_\_

Do you now hold a valid CDL? \_\_\_\_\_

Expiration date \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

### Application for Employment

**IMPORTANT – READ VERY CAREFULLY!!**

I understand that falsified information, misrepresentations, or omission of significant or relevant information may disqualify me and my application from further consideration for employment and will be considered just cause for dismissal if discovered at any time without previous notice. I understand that this application is not and is not intended to be a contract of employment nor is it an invitation for an interview.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying material) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy and/or confidentiality I may have in this information and hereby release the City of any liability a result of such contact. I further understand that my first 6 months of employment with the City shall be a trial period, and further that at any time during the trial period and thereafter, my “at will” employment relationship with the City is terminable for any reason by either party. I understand that the City may unilaterally change or revise fringe benefits, policies and procedures and such changes may include reduction in benefits. I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken within 365 days of signature, it will be destroyed.

I acknowledge that I have received a copy of the job description for the open position of employment, that I understand the duties and responsibilities of the position and I am capable of performing each duty listed.

I hereby affirm that the information provided on this application (and any accompanying material) is true and complete to the best of my knowledge.

Name \_\_\_\_\_ Date \_\_\_\_\_